



Cashiering # \_\_\_\_\_

**FEE: \$10.00**

PRINT OR TYPE

**\*\* NAME MUST BE LIMITED TO 60 CHARACTERS, INCLUDING SPACES\*\***

**1. Fictitious name which the applicant(s) will use in practice: (Must contain at least one of the following designations: “optometry” or “optometric”)**

[illegible]

**NOTE: If you intend to use your fictitious name at a location other than the one listed in Section 2. of this form, please be advised that you must first apply for and receive a fictitious name permit as well as a branch office license for each additional location. Please contact the board at the telephone number shown above to request an application.**

**2. Address of place of practice where fictitious name will be used. (A separate application must be filed for each address)**

Number and Street

City

State

Zip

**3. The location of this practice is**

☐ leased by the applicant(s) **(IF LEASED, SUBMIT A COPY OF THE LEASE.)**

☐ owned by the applicant (IF OWNED, SUBMIT A COPY OF THE TITLE OR DEED OF TRUST.)

**4. Ownership status of place of practice where fictitious name will be used:**

☐ Individual

**If Corporation owned:**

☐ Partnership

Corporation Name: \_\_\_\_\_

☐ Corporation

Corporation Number Issued by Board of Optometry:\_\_\_\_\_

Principal Place of Practice:\_\_\_\_\_

**5. Names and license number of all optometrists who have a proprietary interest in the practice.**

NAME:

OPT

Last	First	Middle	License Number
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NAME: \_\_\_\_\_ OPT \_\_\_\_\_

Last	First	Middle	License Number
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NAME: OPT

Last	First	Middle	License Number
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NAME: \_\_\_\_\_ OPT \_\_\_\_\_

Last	First	Middle	License Number
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**LAWS OF THE STATE OF CALIFORNIA  
(OPTOMETRY PRACTICE ACT)  
GOVERNING OPERATION OF BRANCH OFFICES  
Business and Professions Code Section 3125**

*Section 3125. It is unlawful to practice optometry under a false or assumed name, or to use a false or assumed name in connection with the practice of optometry, or to make use of any false or assumed name in connection with the name of a person licensed pursuant to this chapter. However, the board may issue written permits authorizing an individual optometrist or an optometric group or optometric corporation to use a name specified in the permit in connection with its practice if, and only if, the board finds to its satisfaction that:*

- (a) The place or establishment, or the portion thereof, in which the applicant or applicants practice, is owned or leased by the applicant or applicants practice, is owned or leased by the applicant or applicants, and the practice conducted at such place or establishment, or portion thereof, is wholly owned and entirely controlled by the applicant or applicants; provided, however, that where the applicant or applicants are practicing optometry in a community clinic, as defined in subdivision (a) of Section 1203 of the Health and Safety Code, this subdivision shall not apply.*
- (b) The name under which the applicant or applicants propose to operate is in the judgement of the board not deceptive or inimical to enabling a rational choice for the consumer public and contains at least one of the following designations: “**optometry**” or “**optometric**”; provided, however, that where the applicant or applicants are practicing optometry in a community clinic, as defined in subdivision (a) of Section 1203 of the Health and Safety Code, and is subject to the name limitations of Title 17, California Administrative Code, Section 161, this subdivision shall not apply. In no case shall the name under which the applicant or applicants propose to operate contain the name or names of any of the optometrists practicing in the community clinic.*
- (c) The names of all optometrists practicing at the location designated in the application are displayed in a conspicuous place for the public to see, not only on such location, but also in any advertising permitted by law.*
- (d) No charges which could result in revocation or suspension of his certificate to practice optometry are pending against any optometrist practicing at such location.*

*Permits issued under this section by the Board of Optometry shall expire and become invalid unless renewed at the times and in the manner provided in Article 7 (commencing with Section 3145) for the renewal of certificates issued under this chapter. The board may charge an annual fee, not to exceed ten dollars (\$10) for the issuance or renewal of each such permit.*

*Any permit issued under this section may be revoked or suspended at any time that the board finds that any one of the requirements for original issuance of a permit, other than under subdivision (d), is no longer being fulfilled by the individual optometrist, optometric corporation, or optometric group to whom the permit was issued. Proceedings for revocation or suspension shall be governed by the Administrative Procedures Act.*

*In the event the board revokes or suspends the certificate to practice optometry of an individual optometrist or any member of a corporation or group to whom a permit has been issued under this section, such revocation or suspension shall also constitute revocation or suspension, as the case may be, of such permit.*

(Amended by Stats. 1981, Ch. 474)

**FOR INDIVIDUAL OR PARTNERSHIP ONLY**

**6. Certification:**

The undersigned and each of the undersigned hereby certifies under penalty of perjury under the laws of the State of California that all statements made on this application are true and correct. The optometric practice conducted at the above location is wholly owned and entirely controlled by the applicant(s).

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

**FOR CORPORATION ONLY**

**7. Certification:**

I am an officer of

\_\_\_\_\_

(Name of Corporation)

and as such make this declaration for and on behalf of said corporation. The optometric practice conducted at the above location is wholly owned and entirely controlled by the applicant(s). I have read the foregoing application and all attachments thereto and know the contents thereof, and the same is true of my own knowledge.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

NOTE: Must be executed by an officer who is a licensed optometrist.

**8. Name of Optometrist to be contacted regarding this application:**

_____	(____)
Full Name	Area Code/Telephone number